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U. S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

956 Mail Processing Section

JAN 1 4 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR Neehington, DCUNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY_
Prefix	Serial
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DATE	RECEIVED
11	

Washingo
Name of Offering (dleck if this is an amendment and name has changed, and indicate change.) Senior Subordinated Notes Accredited Investor Private Placement
Type of Filing: X New Filing Amendment PROCESS:
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer JAN 1 7 2008
Name of Issuer (_ check if this is an amendment and name has changed, and indicate change.) THOMS
ABX Air, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
145 Hunter Drive, Wilmington, Ohio 45177 (937) 382-5591
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
Air cargo transportation
Type of Business Organization Corporation Imited partnership, already formed other (please specify):
business trust limited partnership, to be formed 08021186
Actual or Estimated Date of Incorporation or Organization: Month Year 1 80 X Actual Estimated
Jurisdiction of Incorporation or Organization: (En:er two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemp-
that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of available state exemption unless such

law. The Appendix to the notice constitutes a part of his notice and must be completed.

exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Bushman, James E.	ndividual)				
Business or Residence Addres 145 Hunter Drive, Wilmi					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Rademacher, Randy D					
Business or Residence Addres 145 Hunter Drive, Wilmi					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)	4 200			,
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Carey, James H.	ndividual)		,,,,, -		
Business or Residence Addres 145 Hunter Drive, Wilmi					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if it Geary, John D.	ndividual)				
Business or Residence Address 145 Hunter Drive, Wilmi	ss (Number and Si ington, Ohio 45	treet, City, State, Zip Code) 177			
Check Box(es) that Apply:	Promoter	Benef cial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Vorholt, Jeffrey J.	ndividual)				
Business or Residence Address 145 Hunter Drive, Wilmi	ss (Number and S ington, Ohio 45	treet, City, Stat ∋, Zip Code) 177			
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if it Hete, Joseph C.	ndividual)				
Business or Residence Addres 145 Hunter Drive, Wilmi					

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: __ Promoter Beneficial Owner X Executive Officer Director Managing Partner Full Name (Last name first, if individual) Payne, W. Joseph Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter ___ Beneficial Owner X Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Turner, Quint O. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter Beneficial Owner X Executive Officer _ Director General and/or Managing Partner Full Name (Last name first, if individual) Manibusan, Dennis A. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 X Executive Officer General and/or Check Box(es) that Apply: _ __ Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Morgenfeld, Robert J. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter _ Beneficial Owner _ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) __ Executive Officer General and/or Check Box(es) that Apply: ____ Promoter Director Beneticial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: _____ Promoter General and/or _ Bene:icial Owner _ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary) Page 3 of 6

B. INFORMATION ABOUT OFFERING

				В.	INFORM	IATION A	ABOUT (DFFERIN	G				
,												Yes	No
1.	Has the issu	er sold, or do	es the issue	r intend to se	II, to non-acc	redited inves	stors in this c	offering?					_X
				Ans	ver also in A	ppendix Col	umn 2 if filin	g under ULC	F				
				7113	ve. 0.30 117 V	ppendix, col	2, ir tila	g dilder oze	 .				
2.	What is the	minimum inv	estment that	will be accep	ted from any	individual?				***************************************		\$ _	N/A
												Yes	No
3.	Does the off	ering permit j	oint ownersh	ip of a single	unit?			• • • • • • • • • • • • • • • • • • • •	***************************************			···· <u> </u>	<u>_x</u>
4.	remuneration or agent of a	n for solicitati	on of purcha	sers in conne ed with the S	ection with sa EC and/or v	ales of securi	ities in the of r states, list	fering. If a potential the firm of the fir	erson to be i the broker or	sted is an as dealer. If m	ission or sim ssociated pers nore than five er only.	son	N/A
Name (Lasi	t name first, if in	idividual)											
ness or Re	sidence Addres	s (Number and	Street, City, S	tate, Zip Code)								
e of Associ	ated Broker or I	Dealer											
	Person Listed										·	Δ11	States
	k "All States"			•									States
(AL)	[AK] [IN]	(AZ) [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	(GA) (MN)	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Name (Lasi	t name first, if in	dividual)											
ness or Re	sidence Addres	Number and	Street City S	tate. Zin Code	1								
			2,2,2,4	, <u></u> ,	•								
e of Associ	ated Broker or	Dealer											
	Person Listed k "All States"											All	States
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT] ————-	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
rame (Lasi	t name first, if in	raiviouBi)											
ness or Rea	sidence Addres	s (Number and	Street, City, S	ate, Zip Codo	}								
e of Associ	ated Broker or I	Dealer											
	Person Listed k "All States"					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All	States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
(TM)	(NE)	(NV)	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND] [מש]	[OH]	[OK]	(OR)	(PA)	

٦.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Am	nount Already Sold
	Debt	\$ 40,500,000.00	\$ 4	0,500,000.00
	Equity	\$ 0	\$	0
	Common Preferred		-	
	Convertible Securities (including warrants)	\$0	\$	0
	Partnership Interests	\$0	\$	0
	Other (Specify)	\$ <u> </u>	\$	0
	Total	\$ <u>40,500,000.00</u>	\$ <u>4</u>	0,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		gregate Dollar unt of Purchase
	Accredited Investors	7	\$ <u>4</u>	0,500,000.00
	Non-accredited Investors	N/A	\$	0
	Total (for filings under Rule 504 only)	N/A	\$	0
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
		Type of	D	ollar Amount
	Type of offering	Security		Sold
	Rule 505	N/A	\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0
	Printing and Engraving Costs		. \$	0
	Legal Fees	X	. \$	5,000.00
	Accounting Fees		. \$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		\$	0
	Other Expenses (identify)		. \$	<u> </u>
	Total	_x	. \$	5,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	٠, ٦	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES AND L	JSE O	F PROC	EEDS		
· ·	Questio	er the difference between the aggregate offering price given in response to n 1 and total expenses furnished in response to Part C – Question 4.a. This djusted gross proceeds to the issuer."	difference				\$40,4	95,000.00
5.	used for estimate	below the amount of the adjusted gross proceeds to the issuer used or pure each of the purposes shown. If the amount for any purpose is not know and check the box to the left of the estimate. The total of the payments list ested gross proceeds to the issuer set forth in response to Part C - Question 4	wn, fumish an ed must equal					
				Óff Direc	nents to icers, ctors, & iliates		Payme Oth	
	Sa	laries and fees	—	\$	0		\$	
	Pu	rchases of real estate		\$	0		\$	0
	Pu	rchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0
	Co	nstruction or leasing of plant buildings and facilities		\$	0		\$	0
		quisition of other businesses (including the value of securities involved in thi ering that may be used in exchange for the assets or securities of anothe						
	iss	uer pursuant to a merger)		\$	0		\$	0
	Re	payment of indebtedness		\$	0	<u> </u>	\$ <u>40.4</u>	<u>495,000.00</u>
	W	orking capital		\$	0		\$	0
	Ot	her (specify):		\$	0		\$	0
	_			\$	0		\$	0
	_			\$	0	_ —	\$	0
	Co	lumn Totals	······· —	\$	0	_ <u>x</u>	\$ <u>40.4</u>	495,000.00
	То	tal Payments Listed (column totals added)			_X	\$ <u>40,495,</u> 0	00.00	
		D. FEDERAL SIGNAT				<u> </u>		
folio	wing sig	nad duly caused this notice to be signed by the undersigned duly aut nature constitutes an undertaking by the issuer to furnish to the U.S staff, the information furnished by the issuer to any non-accredited investo	S. Securities and	Exchar	ge) Comr	mission,		
Issu	uer (Print	or Type)	Signature	7		Date		
	X Air, Ir		4/	12			1/7	/08
Nan	ne of Sigi	ner (Print or Type) Pann	Title of Signer	7		rel e	کدرہ	ta1/1
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		ATTENTION						
	Inter	ATTENTION ntional misstatements or omissions of fact constitute fede	eral criminal vio	lation	s. (See	18 U.S.	C. 100) 1).

END